



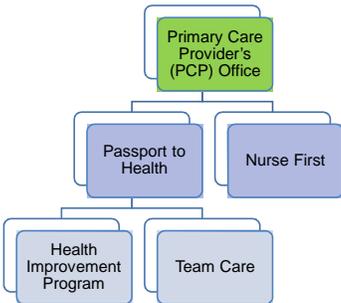
Passport to Health

Mission Statement: Our mission is to manage the delivery of health care to Montana Medicaid and Healthy Montana Kids *Plus* members to improve quality and access, while optimizing the use of health care resources.

What Is Passport To Health?

- ✓ Passport to Health is the primary care case management (PCCM) program for Montana Medicaid and HMK *Plus* members.
- ✓ The Passport program provides case management related services that include locating, coordinating, and monitoring primary healthcare services.
- ✓ The Passport program works closely with the state's other care coordination programs:
 - Nurse Advice Line (Nurse First)
 - Team Care
 - Health Improvement Program (HIP)

How Is Patient Care Managed?



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graph TD; PCPO[Primary Care Provider's (PCP) Office] --- PTH[Passport to Health]; PCPO --- NF[Nurse First]; PTH --- HIP[Health Improvement Program]; PTH --- TC[Team Care];
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Passport Program Goals

- ✓ **Ensure access** to primary care.
- ✓ Establish a **partnership** with the member.
- ✓ Provide **continuous and coordinated care** to maximize health outcomes.
- ✓ Improve the **continuity of care**.
- ✓ Encourage **preventive** healthcare.
- ✓ Promote Early and Periodic Screening Diagnosis, and Treatment (**EPSDT**) services.
- ✓ **Reduce inappropriate use** of medical services and medications.
- ✓ **Decrease** non-emergent care in the ER.
- ✓ **Reduce and control health care costs**.

Member Elements To A Medical Home

- ✓ Members choose one designated provider (e.g., physician, midlevel, IHS, or clinic) to coordinate care
- ✓ Member Helpline: (800) 362-8312
- ✓ Member outreach and education
- ✓ Member Guide
- ✓ Member website
<http://dphhs.mt.gov/MontanaHealthcarePrograms>



Provider Elements To A Medical Home

- ✓ Provide access to necessary care or referrals
- ✓ \$3 per member per month case management fee
- ✓ Monthly member lists (enrollment/disenrollment)
- ✓ Faxed triage reports from Nurse First
- ✓ Provider Helpline: (800) 624-3958
- ✓ Passport Provider Guide
- ✓ Provider website www.medicicaidprovider.mt.gov
- ✓ Claims History via Montana Access to Health (MATH) web portal

An Effective PCP Is:

- ✓ **Accessible:** How long does it take members to get an appointment?
- ✓ **Continuous:** Do you watch your members grow?
- ✓ **Comprehensive:** Are as many services as possible offered in-house?
- ✓ **Coordinated:** Do you have effective methods to determine the need for preventive care or identifying gaps in care?
- ✓ **In the Context of Family and Community:** Do you encourage family health and support? Do you have knowledge of services and providers available in your service area?

Passport Provider Responsibilities

- ✓ Provide primary health care, preventive care, health maintenance, and treatment of illness and injury.
- ✓ Make reasonable appointment availability based on routine, preventive, urgent, or emergent care needs.
- ✓ Provide for arrangement with or referrals to physicians or other specialists to ensure access to necessary without compromising quality, promptness, or member provider preference.
- ✓ Educate and assist members with finding services that don't require Passport referrals (mental health, family planning).
- ✓ Educate about appropriate use of the ER.
- ✓ Document all referrals given or received .
- ✓ Provide or arrange for Well Child check-ups, EPSDT services, lead screenings, and immunizations.
- ✓ Instruct members how to get the care they need 24/7.

Passport Provider Changes

- ✓ Providers must notify Xerox Provider Relations of changes to:
 - Member enrollment restrictions (age, gender, caseload)
 - Address
 - Phone/fax number
 - Ownership
 - Business hours
 - Providers who are participating under a group Passport number
- ✓ Changes should be sent to:
Passport to Health Program
PO Box 254
Helena, MT 59624-0254
Fax: 406-442-2328



Provider Terminations

- ✓ Providers must give written notice to members and the Department at least 30 days prior to the termination date.
- ✓ During the 30 days providers must continue to treat or provide referrals for members to ensure continuity of care.
- ✓ Notice should be sent to:
 - Passport to Health Program
 - PO Box 254
 - Helena, MT 59624-0254
 - Fax: 406-442-2328



Suitable Coverage And Emergency Care

- ✓ Passport providers must provide or arrange for suitable coverage for needed services, consultation, and approval or denial of referrals during posted normal business hours.
- ✓ Passport providers must also provide direction to members in need of emergency care 24/7/365.
 - Answering service, call forwarding, on-call coverage, or answering machine message.

Passport Referrals

- ✓ Referrals should be given when the Passport provider cannot give care.
 - Referrals should be requested prior to providing the service(s).
- ✓ Referrals are not required for all services:
 - **Mental health, dental, family planning, OB, DME, and more.**
- ✓ Passport referrals and prior authorization are different and some services require both.
 - See the current fee schedule for your provider type.
- ✓ Document the referrals, given or received, in the member's record, spreadsheet, or referral log.
- ✓ Service limits are the same for Passport members and non-Passport members.

Establishing Care And Referrals

- ✓ In most cases, care should start with and be coordinated by the Passport provider.
 - It is OK to deny a service if it is not emergent and the member is able to see their Passport provider.
- ✓ The member's access to care, whether or not the member has established care, **is the Passport provider's responsibility.**
- ✓ Referral determinations should be based on whether it is reasonable for the Passport provider to provide the care.

Establishing Care And Referrals

- ✓ Some examples in which referrals are needed in order to ensure access to needed care even if care hasn't been established:
 - Member has moved far away and chose a new provider.
 - Member is sick or hurt and far from home.
 - Member is sick or injured and PCP is unable to see them promptly.
 - Follow-up care with doctor seen initially through an emergency admittance and surgery.
 - Inpatient psychiatric medical care.



Receiving A Referral

- ✓ At each visit a provider should:
 - Verify eligibility prior to treatment
 - Verify Passport Provider
 - Call Passport Provider to get the referral
- ✓ Non-emergent care may be denied.
- ✓ If you cannot get a referral, consider a private pay agreement.
- ✓ If a member is routinely seeing another provider they may change their Passport provider.
- ✓ Document the referral.

Services Exempt from Passport Referral

- ✓ Ambulance
- ✓ Anesthesiology
- ✓ Audiology
- ✓ Blood testing
- ✓ Case management
- ✓ Dental
- ✓ Dialysis
- ✓ Durable Medical Equipment
- ✓ Emergency
- ✓ Eye exams and glasses
- ✓ Family planning
- ✓ Hearing aids and exams
- ✓ HCBS
- ✓ Home infusion therapy
- ✓ Home support and therapeutic foster care
- ✓ Hospice
- ✓ Hospital swing bed
- ✓ Immunizations
- ✓ Inpatient lab and x-ray
- ✓ Inpatient professional
- ✓ Intermediate care facility
- ✓ Institution for mental disease
- ✓ Lab/Pathology tests
- ✓ Mental health (Social worker, professional counselor, psychologist, psychiatrist)
- ✓ Mental health center
- ✓ Nursing facilities
- ✓ OB (inpatient and outpatient)
- ✓ Optometrist or ophthalmologist
- ✓ Personal assistance
- ✓ Pharmacy
- ✓ PRTF
- ✓ Radiology
- ✓ School-based
- ✓ STD testing and treatment
- ✓ Substance dependency treatment
- ✓ Transportation

Referral Tips



- ✓ You must get or provide a Passport provider referral for a specific member, service(s), and date(s).
 - Referrals may be for one visit, a specific period, or the duration of a condition.
- ✓ If you do not get the referral, Medicaid will deny the service if Passport is required.
- ✓ Once a referral is given, the member cannot be referred to another provider without another referral.
- ✓ A facility or non-Passport provider is not authorized to pass on a Passport referral number.
 - If a provider suspects their Passport number is being used without authorization they are encouraged to contact the Program Officer.
- ✓ Providers can suggest that a member change their Passport to them, but they cannot require it.

Passport And American Indians

- ✓ American Indian members may choose an IHS to be the PCP, or they may choose another PCP.
- ✓ American Indian members may visit any IHS provider without a Passport referral.
- ✓ If an IHS who is not the Passport provider refers the member to another provider, the Passport provider must still provide all referrals.

Billing Medicaid Members

- ✓ To bill a member there must be a signed private pay agreement **in advance** of providing services (ARM 37.85.406).
- ✓ Members *may* be billed for:
 - Non-covered services
 - Covered but medically unnecessary services
 - Unable to get Passport referral
- ✓ Members cannot be balance billed for the difference in the provider's charges and the Medicaid allowed amount.
- ✓ Co-pays or bills owed should not affect the Passport relationship.



Member Enrollment And Education

- ✓ A member's enrollment in Passport is driven mainly by their eligibility.
- ✓ In most cases members choose their Passport provider.
 - The whole family can have the same Passport provider or everyone can have a different Passport provider based on individual needs.
- ✓ Members may change their Passport provider once a month, but the change will not be effective until the following month.
- ✓ Upon enrollment members receive an enrollment packet as well as a verbal explanation of the Passport programs.

Member Auto-Assignment

- ✓ Passport to Health auto-assigns members after 45 days if they do not choose a provider themselves.
 - Algorithm (in order):
 - Previous Passport enrollment
 - Most recent claims history
 - Family Passport enrollment (child/adult)
 - American Indians who have declared a tribal enrollment, and live in a county where there is an IHS/tribal provider
 - Random provider who is accepting new members
- ✓ Members who are auto-assigned are notified at least 10 days in advance to allow members to select a different provider.

Members Ineligible For Passport

- ✓The following member populations are ineligible for Passport:
 - Members in a nursing home or other institutional setting.
 - Dual eligible members (Medicare/Medicaid).
 - Medically needy members (spend down).
 - Members receiving Medicaid for less than 3 months.
 - Foster care children.
 - Members eligible for Medicaid adoption assistance or guardianship.
 - Members with retroactive eligibility.
 - Members who receive HCBS.
 - Members who are eligible for a non-Medicaid plan (Plan First, CHIP).
 - Members with Presumptive eligibility.

Disenrolling A Passport Member

- ✓Providers **may** disenroll members for the following reasons:
 - The member has not established care or is seeking care from other providers.
 - The provider/patient relationship is mutually unacceptable.
 - The member fails to follow prescribed treatment.
 - The member is physically or verbally abusive.
 - Member could be better treated by a different type of provider, and a referral process is not feasible.
 - Member consistently fails to show up for appointments.

A Provider May Not Disenroll A Member Due To:

- ✓Discrimination.
- ✓An adverse change in the member's health status.
- ✓Member's utilization of medical services.
- ✓Member's diminished mental capacity.
- ✓Member's disruptive or uncooperative behavior as a result of special needs.
- ✓Member's inability to pay a co-pay or outstanding bill.
- ✓Any reason that may be considered discrimination (race, age, sex, religion, etc.).

Disenrollment Process

- ✓ If you disenroll a member, you must, per the signed Passport agreement:
 - Send a notification letter to the member at least 30 days prior to disenrollment. Verbal notification to the member does not constitute disenrollment.
 - Letter must: Identify the member as your Passport patient, specify the reason for disenrollment, and indicate notification of continuing care for 30 days.
 - Continue to provide patient treatment and/or Passport referrals for up to 30 days.
 - The provider's 30-day care obligation does not start until a copy of the disenrollment letter is received by Xerox.
- ✓ Send a copy of the letter to Passport to Health:
Passport to Health Program
PO Box 254
Helena, MT 59624-0254
Fax: 406-442-2328





Montana Medicaid Health Improvement Program

A team-oriented approach to disease management and prevention

Health Improvement Program – Introduction

- ✓ What is the Health Improvement Program (HIP)?
- ✓ Who is eligible and how are members identified?
- ✓ Who provides the services?
- ✓ What services are provided?
- ✓ How is primary care integrated into the program?

HIP– Disease Management vs. Care Management

- ✓ **Disease Management** deals with specific diseases with the idea that if we control the specific disease in a member, we can control costs, complications, and have better outcomes.
- ✓ **Care Management** deals with the specific member with the idea that members who produce high costs and have complications do so because of multiple medical, social, and environmental factors which require attention.

HIP – Health Improvement Model

- ✓ Combines disease management services with a holistic approach to health and well-being for high-risk/high-cost members.
- ✓ Prevention efforts for members at risk of developing chronic health conditions.
- ✓ Helps members in health crisis to improve their life and well-being and better manage their disease.

HIP – Intervention for High-Risk and High-Cost Member

- ✓ Members are identified through predictive modeling software.
- ✓ Predictive modeling uses claims history and demographic information, such as age and gender, to calculate a risk score.

HIP – Prevention for At-Risk Members

- ✓Members may be identified and referred by primary care providers.
- ✓May include members who have no claims that generate a high risk score or have not yet been diagnosed with an illness.

HIP Provider Referral Form



**MEDICAID AND HMK PLUS
HEALTH IMPROVEMENT PROGRAM
PROVIDER REFERRAL FORM**

The Health Improvement Program (HIP) serves Medicaid and HMK Plus members with chronic illnesses or those at risk of developing serious health conditions. HIP service providers are Community and Tribal Health Centers. Members who are eligible for the Program are enrolled and assigned to a health center for preventive care management. These enrolled Program members will stop with pay for primary care, but are eligible for case management through one of the participating health centers. Nurses and health coaches provided in Professional Clinical Care only.

- conduct health assessments
- work with you to develop care plans
- educate members on self-management and prevention
- provide one-on-one health coaching and planning
- help with legal resources
- connect members with counseling, medical screening and medical visits.

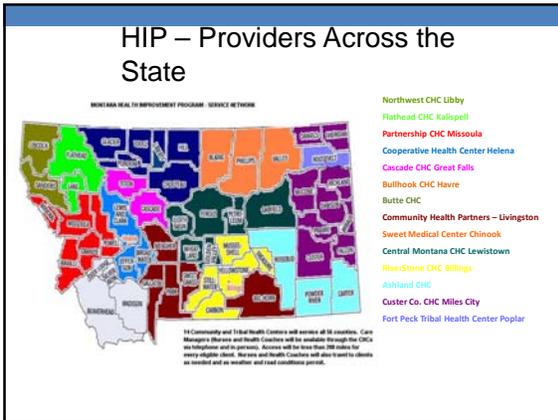
Advanced uses predictive modeling software to identify, chronically ill members. This software uses medical claims, pharmacy claims and demographic information to generate a risk score for each person. Although the software will provide a great deal of information for interventions, it will not identify people who have not received a diagnosis or provided claims. Plans have Program members at high risk for chronic health conditions that would benefit from care management, please complete the form and fax to:

Health Improvement Program Office
Fax # (406) 444-3861

<small>Provider Name:</small>	<input type="text"/>
<small>Provider Address:</small>	<input type="text"/>
<small>Provider Telephone:</small>	<input type="text"/>
<small>Patient Name:</small>	<input type="text"/>
<small>Patient Address:</small>	<input type="text"/>
<small>Patient Telephone:</small>	<input type="text"/>
<small>Patient Medicaid/HMK Plus ID#:</small>	<input type="text"/>
<small>Chronic Disease(s) for which Patient is at Risk:</small>	<input type="text"/>
<small>Signature of Referring Provider:</small>	<input type="text"/>
<small>Date:</small>	<input type="text"/>

HIP – Service Providers

- ✓Cornerstone of the program is the enhancement of community-based comprehensive primary and preventative health care.
- ✓Nurses and health coaches employed by community and tribal health centers.
- ✓There are 14 participating centers service all 56 counties.



Health Improvement Program Services

- ✓Health assessment– initial and periodic.
- ✓Ongoing clinical assessment– in person and over the phone.
- ✓Individualized care plan.
- ✓Hospital pre-discharge planning and post-discharge visits.

Health Improvement Program Services

- ✓Self-management education.
- ✓Group appointments.
- ✓Tracking and documenting progress.
- ✓Care support pages for unified patient education.
- ✓Assistance with and referral to local resources such as social services, housing and other life issues.

Health Improvement Program – Summary

- ✓ Focus is on the entire member rather than just their specific diseases.
- ✓ Members are identified for intervention using predictive modeling.
- ✓ Prevention is a component of the program through encouragement of primary care provider referrals.
- ✓ The State partners with community-based health centers to bring services closer to home for members.
- ✓ Information is collected from health centers to evaluate the program.

Nurse Advice Line

- ✓ Nurse First Advice Line is available 24/7/365.
- ✓ No cost to Montana Medicaid Members.
- ✓ Callers are triaged for illness or injury, receive health, disease, and medical advice.
- ✓ Passport providers are faxed a triage report after a member calls the Nurse First Advice Line.
- ✓ Encourage your members to call before seeking treatment: **1-800-330-7847.**

Nurse First Magnet





Team Care

Team Care Basics

- ✓ Restricted services program
- ✓ All Passport to Health rules apply
- ✓ A team coordinates care

Team Care – The Team

- ✓ One lock-in Passport provider
- ✓ One lock-in pharmacy
- ✓ Nurse First Advice Line
- ✓ Montana Medicaid/HMK Plus
- ✓ Member

Team Care – Members

- ✓Restricted to one provider and one pharmacy.
- ✓Members may be added for overutilization of services (e.g. multiple ER visits for non-emergent services).
- ✓Member must show good cause to change provider or pharmacy.
 - ✓Change request must be in writing.
- ✓The member will remain in Team Care for a minimum of 12 months.
- ✓Receive self-care guides.
- ✓Access to Nurse First Advice Line 24/7/365.

Team Care – Providers

- ✓Receive doubled case management fees.
- ✓Receive faxed triage reports when members call Nurse First Advice Line.
- ✓Receive monthly member lists.
- ✓May use pharmacy case management clinicians to help develop treatment plans.

Team Care – Providers Also:

- ✓Provide referrals per Passport to Health and Team Care rules.
- ✓May add or remove their members from Team Care.
- ✓Encouraged to write prescriptions to a member's lock-in pharmacy.
- ✓Download a referral form or PCP/Pharmacy change request form under the Team Care section at:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/TeamCare.aspx>

Team Care and American Indians

- ✓ May be assigned to Indian Health Services (IHS) or non-IHS provider.
- ✓ May visit any IHS provider without Passport/Team Care referral.
- ✓ May receive medications from any IHS pharmacy when locked into a different pharmacy.

Team Care – Referrals

- ✓ Drug utilization review
- ✓ Claims data mining
 - ✓ 20+ physicians
 - ✓ 12+ ER visits in a year or 4 per quarter
- ✓ Provider referrals
- ✓ Fraud/Abuse referrals
- ✓ HIP care management referrals

Member Care Management Contacts

Passport to Health Amber Sark 444-0991 asark@mt.gov	Nurse First advice line 1-800-330-7847
Team Care/Nurse First Connie Olson 444-5926 colson2@mt.gov	Medicaid Member Helpline 1-800-362-8312
Health Improvement Program Kelley Gobbs 444-1292 kgobbs@mt.gov	Provider Helpline 1-800-624-3958
	Drug Prior Authorization Unit 1-800-395-7961
	Visit our website at: http://medicaidprovider.mt.gov/